

Lake Ridge Summer Camp 2020 Financial Contract

Child Name: _____ Date of Birth: _____ Age Group: _____

Address: _____

Membership

Are you a *Member* of the Lake Ridge Parks & Recreation Association HOA? Yes No

Fees

	<u>LRPRA Member</u>	<u>Non-Member</u>
<i>Early Bird</i> Discounted Fee: (Paid in full by <u>May 10</u>)	\$210	\$230
Regular Weekly Fee:	\$230	\$250

Weeks

Please check which of the available weeks you would like your child to attend Summer Camp:

- | | |
|---|--|
| <input type="checkbox"/> Week 1: <i>June 15 - 19</i> | <input type="checkbox"/> Week 5: <i>July 13 - 17</i> |
| <input type="checkbox"/> Week 2: <i>June 22 - 26</i> | <input type="checkbox"/> Week 6: <i>July 20 - 24</i> |
| <input type="checkbox"/> Week 3: <i>June 29 - July 2 (Off July 3) *</i> | <input type="checkbox"/> Week 7: <i>July 27 - 31</i> |
| <input type="checkbox"/> Week 4: <i>July 6 - 10</i> | <input type="checkbox"/> Week 8: <i>August 3 - 7</i> |

** Week 3 will be discounted by \$25 for the holiday off.*

Registration

A non-refundable deposit of **\$50** per child per week is required at registration. All registration forms must be completed and on file prior to your child's first day of camp. The forms include Financial Contract, Registration Form, Physical and Birth Certificate or Passport.

_____ *Parent/Guardian Initials*

Payment Details

Full week's payment must be received before child is dropped off at the first day of the contracted week of camp. Payments accepted in form of card (3% convenience fee + \$.30), money order or check payable to LRPRA. Weekly statements are **\$5** per request.

_____ *Parent/Guardian Initials*

Rescheduling

Due to limited availability, full payments are required for selected weeks. A **\$25 fee per week, per child** will be required to reschedule a selected week.

_____ *Parent/Guardian Initials*

Drop-Off & Pick-Up

LRPRA Summer Camp hours are 8:30am to 5:00pm. Campers are not to be dropped off prior to opening of the program. Campers are to be picked up no later than 5:00pm. LRPRA will charge for late pickup. This charge will be due at the end of the week enrolled. The fees charged for pickup will be as follows:

5-10 minutes late = **\$10** charge
11-20 minutes late = **\$20** charge

21-30 minutes late = **\$30** charge
Each minute past 30 = additional **\$1 per minute**

There will be no exceptions or warnings. If late for ANY reason, a charge will be issued. This no exception policy makes it easier for LRPRRA to apply the late policy to everyone consistently and fairly. If this becomes a frequent problem, LRPRRA reserves the right to dismiss a student from the program.

_____ Parent/Guardian Initials

Sign In/Sign Out

I understand that each camper *must* be signed in and out each day and *may not be dropped off*. My child may only be signed out and/or picked up by a designated adult authorized in writing. This procedure is for my child's safety and must be adhered to at all times.

_____ Parent/Guardian Initials

Termination

If at any time LRPRRA determines that my child is unable to benefit from the program, he/she impairs the ability of other children to benefit from the program, or his/her continued presence in the program presents a danger to others or the property, LRPRRA may terminate this agreement.

_____ Parent/Guardian Initials

Holidays

Summer Camp will be closed for the Fourth of July holiday on **July 3**. This week is offered at a discounted rate.

Medications

I understand and agree that my child may not have medicine in their possession and may not medicate him/herself. All necessary emergency medication will be provided to the program director or a head counselor for safe and secure keeping. A doctor's written *dispense instructions* must accompany any and all medication.

_____ Parent/Guardian Initials

Illness/Injury/Emergency

Campers who have been ill, had a fever, vomited or had diarrhea during the previous 24 hours **MAY NOT** attend camp. If my child becomes ill or injured at camp, I will be notified as soon as possible and I will pick up my child immediately or will arrange for immediate pick up of my child by an authorized adult. Camp fees will not be refunded or exchanged for illness or absence.

_____ Parent/Guardian Initials

Agreement

I understand that summer camp will be provided for my child as long as I fulfill each of the above requirements. I also understand and agree that the fee schedule is subject to change at the discretion of LRPRRA, as well as rules, regulations, policies and procedures of summer camp, but I will receive two (2) weeks' notice of any changes in fees. Additionally, in the event that LRPRRA decides to institute legal action or other collection proceedings to enforce monies owed, I will be responsible for any reasonable attorney and other fees paid in connection with the collection of monies due on my account. I understand that providing false or misleading information on this contract or other registration documents is grounds for immediate termination of this agreement and dismissal of my child from the LRPRRA Summer Camp.

I HAVE READ AND UNDERSTOOD THE PROVISIONS OF THIS CONTRACT AND AGREE TO UPHOLD AND ABIDE BY THEM.

Parent/Guardian Signature _____

Date _____

LRPRRA Representative Signature _____

Date _____